POSITION	!NITIAL	S ID NO.	DATE	<u>:</u>
DETERMINATION P.E. CLASSIFIER RMALITY REVIEW	Haile ta	- 72e ²	68-01 64-6-0	
PONSE FORMALIT	Y REVIEW		• · ·-	
		· · · · ·	· · · · -	
	INDEX (OF CLAIMS		
	Rejected		Non-elected	
	Allowed ough numeral) Canceled		Interference	
÷	Restricted		Objected	
·				
Date	Claim	Date	Claim	Date
14-02-14-02-14-02-14-02-14-02-14-02-14-02-14-02-14-02-14-02-14-02-14-02-14-02-14-02-14-02-14-02-14-02-14-02-14	la a		Final	
515	Final		Origir	
733	51		101	
	52		102	
	53		103	++++
 	54	++++	105	++++
	56	 	106	
	57		107	
	58		108	
	59 60	 	109	
Yo H	61	 	111	
~O.	62		112	
13	63		113	
	64		114	
	65 66	- - - - - - - - - - - - - - - - - - - 	116	-+
11	67		117	
77,	68		118	
77	69		119	
10	70	 	120	
`\\	72	+++++	122	
/ 	73		123	
7 /	74		124	+
Y.V.	75	+++++	125	
70	77	+++++	127	++++
49 1 1 1 1	78		128	
	79		129	
0	80		130	
	82	 	132	++++++
	83		133	
	84		134	
	85		135	
-+-+-	86	+++++	137	++++
	88		138	
	89		139	
	90		140	1111
	91	 	141	
 	92	+++++	143	-+ + -
+++++	94	+++++	144	

If more than 150 claims or 10 actions staple additional sheet here

150